| PATENT APPLICATION FEE DETERMINATION REC<br>Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                      |                                                |                                                 |              |                      |                                        |                  |        | ORD               | 10/534026              |    |                     |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------|----------------------|----------------------------------------|------------------|--------|-------------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                 |              |                      |                                        | Column 2)        |        | SMALL ENT         | <b>TY</b>              | OR | OTHER T             |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |              |                      |                                        |                  |        | RATE              | FEE                    |    | RATE                | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                                                 |              |                      |                                        |                  |        | BASIC FEE         |                        | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 |              |                      |                                        |                  | 1      | EXAM. FEE         |                        |    | EXAM, FEE           | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                 |              |                      |                                        |                  | 1      | SEARCH FEE        |                        |    | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 | mii          | nus 100 =            |                                        | / 50 =           |        | X \$ 125 =        |                        |    | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                 | 9 minus 20 = |                      |                                        |                  |        | X \$ 25 =         |                        | OR | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                                 | 7            | minus 3 =            | •                                      | X \$ 100 :       |        |                   |                        | OR | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRE                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                 | SENT         |                      |                                        |                  | 1      | + \$ 180 =        |                        | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                    |                                                |                                                 |              |                      |                                        | lumn 2           |        | TOTAL             |                        | OR | TOTAL               | 900                    |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                 |              |                      |                                        |                  | -<br>- | SMALL E           |                        | OR | OTHER T             | YTITY                  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | NUM<br>PREVI         | BER<br>OUSLY<br>FOR                    | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | • 9                                             | Minus        | J                    | 0                                      | <b>=</b>         |        | X \$ 25 =         |                        | OR | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | • ]                                             | Minus        | <b>~</b> 3           |                                        | =                |        | X \$ 100 =        |                        | OR | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |              |                      |                                        |                  |        | + \$ 180 =        |                        | OR | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 |              |                      |                                        |                  | -      | TOTAL ADDIT.      |                        | OR | TOTAL ADDIT.        |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 |              |                      | •                                      |                  |        |                   |                        |    |                     |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |              | HIGH<br>NUM<br>PREVI | ma 2)<br>HEST<br>MBER<br>OUSLY<br>OFOR | PRESENT<br>EXTRA |        | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Total                                          | 4                                               | Minus        | **                   |                                        | 2                | 1      | X \$ 25 =         |                        | OR | X \$ 50 =           |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | Independent                                    | *                                               | Minus        | ***                  |                                        | =                | 1      | X \$ 100 =        | ,                      | OR | X \$ 200 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                 |              |                      |                                        |                  | 1      | + \$ 180 =        |                        | OR | + \$ 360 =          |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                 |              |                      |                                        |                  |        | TOTAL ADDIT.  FFF |                        | OR | TOTAL ADDIT.<br>FFF |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                                 |              |                      |                                        |                  |        |                   |                        |    |                     |                        |

Application or Docket Number